

# Bölüm 22

## POSTTERM GEBELİKLER

Ayşe Seçil ÖZBAN<sup>1</sup>

### GİRİŞ

Süresi normal gebeliğin üst sınırını aşmış gebelikler için "postmatürite", "postdate", "post-term" veya "uzamış gebelik" gibi değişik tanımlar kullanılmıştır. Son adet tarihinin ilk gününden itibaren 42 hafta (294 gün) tamamlamış gebelikler Amerikan Jinekoloji ve Obstetrik Derneği, Dünya Sağlık Örgütü ve Uluslararası Obstetrik ve Jinekoloji Federasyonu tarafından postterm gebelik olarak tanımlanmaktadır. (1,2) Son zamanlarda artan maternal ve fetal riskler sebebiyle 41 hafta 0 gün ve 41 hafta 6 gün arasındaki gebelikler geç-term gebelik olarak tanımlanmıştır. (3) 37<sup>0/7</sup>-38<sup>6/7</sup> hafta arasındaki gebelikler erken term; 39<sup>0/7</sup>-40<sup>6/7</sup> hafta arasındaki gebelikler ise full term gebelik olarak sınıflandırılmıştır.

### İNSİDANS

Uzamış gebeliğin insidansı gebelik haftasını belirleme yöntemine, çalışılan popülasyona göre değişir. Gebeliklerin %4-19'unun 42.; %2-7'sinin de 43. gebelik haftasında tamamlandığı tahmin edilmektedir. Hastalık Kontrol ve Önleme Merkezleri'nin (CDC) istatistiklerine göre 2012 yılında postterm gebelik insidansı %5,6 olup önceki yıllarla kıyaslandığında önemli bir değişiklik göstermemiştir. Avrupa ülkelerine baktığımız zaman Avusturya'da %0,4'ten Danimarka ve İsveç'te %7'ye kadar değişik insidans oranları izlenmektedir.

### ETYOLOJİ

Postterm ve geç-term olan gebeliklerin büyük bir kısmının etyolojisi bilinmemekle birlikte bazı hastalar gebelik haftasının yanlış hesaplanmasından dolayı hatalı tanı alabilmektedir. Genel pratikte tahmini doğum tarihi son adet tarihi baz alınarak hesaplanmaktadır. Fakat yapılan çalışmalar bu pratik uygulamanın güvenilir olmadığını ve postterm gebelik klasifikasyonunda yanılmaya sebebiyet verdiğini göstermiştir.

Doğum fetal, maternal ve plasental sinyalleri içeren iyi tanımlanmamış biyolojik bir olaydır. (4,5) İnsanda doğumun mekanizması tam olarak bilinmemekle birlikte diğer memelilere benzerdir. Koyunda hipotalamohipofizer aks (HPA) doğumun zamanlamasında önemli rol oynamaktadır. Fetal beyinden salgılanan kortikotropin-releasing hormon (CRH); hipofiz bezinden adrenokortikotropik hormon (ACTH) ve adrenal bezden kortizol salgınımına neden olmaktadır. Kortizol seviyesindeki yükselme; prostoglandin ve östrojen sekresyonunda artmaya progesteron seviyesinde ise azalmaya sebebiyet vermektedir. Progesteronun azalması prostoglandinin artması uterus myometriumu tetiklemektedir. Hipofizektomi uygulanmış koyunlarda gebelik süresinin uzadığı izlenmiştir. Yapılan yeni çalışmalar hipotalamohipofizer aksın insan gebeliği için de önemli olduğunu ve disregülasyonunun uzamış gebeliğe sebep olabileceğini göstermiştir.

<sup>1</sup> Doktor Öğretim Üyesi, Pamukkale Üniversitesi Kadın Hastalıkları ve Doğum Anabilim Dalı, secilozban@yahoo.com.tr

## Doğum indüksiyonu ve intrapartum yönetim

Uygun servikste oksitosine ek olarak yapılan amniyotomi gibi yöntemler etkili görünmektedir. Uygun olmayan servikste; servikal olgunlaştırıcı ajanların kullanılması belirgin servikal açılma ve inceleme ile sonuçlanır. Termdeki nullipar hastalara indüksiyon uygulanması, spontan eyleme giren hastalara göre sezaryen oranını iki kat arttırır. Nulliparite, kapalı serviks ve epidural anestezi bağımsız risk faktörleridir.

Amniyotomi kararı sorunludur. Amniyotomi sonrası meydana gelen sıvı hacmindeki daha fazla azalma kordon basısı olasılığını arttırabilir. Tersine amniyotomi aspire edildiğinde fetüs için tehlikeli olabilen koyu mekonyumun saptanmasını sağlar. Doğum eyleminin erken dönemlerinde koyu mekonyumla boyalı amniyon sıvısı olan nulliparlarda başarılı bir vaginal doğum olasılığı azalmıştır. Doğumdan uzak bir hastada baş-pelvis uyumsuzluğundan şüpheleniliyorsa, hipotonik ya da hipertonic disfonksiyonel doğum eylemi ile ilgili bulgular varsa acil sezaryen düşünülmelidir.

## SONUÇ

Geç-term ve post-term gebeliklerde oligohidramnios, makrozomi, postmatürite sendromu kaynaklı perinatal mortalite ve morbidite aynı zamanda maternal morbidite artmıştır. Tahmini doğum tarihini belirlemede ilk trimesterde yapılan ultrasonografi en güvenilir yöntemdir. Intrauterin gelişme geriliği olmayan non-komplike gebeliklerde fetal gözetim 41. haftada başlamalı ve en azından haftada iki kere modifiye biyofizik profili bakılmalıdır. Membran sıyrırma geç-term ve post-term gebelik riskini azaltır. Eğer serviks uygunsuzsa 41. haftadan sonra doğum indüksiyonu düşünülmelidir. 42<sup>0/7</sup> -42<sup>6/7</sup> hafta arasında artan perinatal morbidite ve mortalite nedeniyle doğum indüksiyonu önerilmektedir.

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